

RETAIL OFF PREMISE SUMMARY REPORT

File this report with the Virginia Department of Alcoholic Beverage Control, P.O. Box 27491, Richmond, Virginia 23261-7491, accompanied by remittance and the total of such taxes, and markup collected during the preceding month. A report is required to be filed even if you had no sales for the month. This report shall be postmarked no later than the fifteenth of the month or, if the fifteenth is not a business day, the next business day thereafter.	Trading As Name	ABC LICENSE NO:
	Address	
	City, State, Zip	REPORT FOR THE MONTH OF Month: Year:

Item	Wine	Cider
Total of Taxable Liters:		
BELOW LIST EACH PURCHASE ORDER NUMBER FOR THE MONTH Mail your purchase orders with your tax report. The report and purchase orders must be postmarked by the 15th of the month. If the 15th is not a business day, the next business day thereafter.		
	List total WINE liters for each Purchase Order	List total CIDER liters for each Purchase Order

FOR CALCULATION OF WINE TAX & CIDER MARKUP

	Total of Taxable Liters	RATE	AMOUNT DUE
WINE		x 0.4	
CIDER		x 0.08	
TOTAL TAX DUE			
TOTAL SUBMITTED WITH REPORT			

FOR ABC DEPT. USE ONLY

WINE: 12% \$ _____ \$ _____ +Cider Markup \$ _____ Code 030169

WINE: 44% \$ _____ Code 01054

WINE: 44% \$ _____ Code 01057

REC.NO. _____ PMD _____ STATUS _____

I swear (or affirm) that this report has been examined by me, and, to the best of my knowledge and belief, is a true and complete report made in good faith for the period as stated, pursuant to the ALCOHOLIC BEVERAGE CONTROL ACT and regulations of the Virginia A.B.C. Board.

Signed: _____

Title: _____

Date: _____